

***“NONE TO REPORT”***  
***to be used for the***  
***2011 Missouri Deafblind Census Report***

Please complete and return this form **only if you do not have any individuals with deafblindness** (ages birth through 21 years) **to report**. **NOTE:** *Please carefully review definition of deafblindness in attached Guide to Completing the 2011 Missouri Deafblind Census Form.*

Source of this information:

LEA/SEA/Agency: \_\_\_\_\_

County and District Codes (6 digit number) \_\_\_\_\_ / \_\_\_\_\_

LEA/SEA/Agency Address:

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

Person completing this form:

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Daytime telephone number (including Area Code): \_\_\_\_\_

\_\_\_\_\_  
(Signature of person completing form)

\_\_\_\_\_  
(Date completed)

*Please return this form by February 1, 2012, to:*

**Susan Bonner, Project Coordinator**  
**Missouri Deafblind Technical Assistance Project**  
**Missouri School for the Blind**  
**3815 Magnolia Avenue**  
**St Louis, Missouri 63110-4099**

If you have any questions, please call Susan Bonner at (314) 776-4320 x 3255 or Marge Winston, Outreach Services Secretary, at (314) 776-4320 x 3251.

***Thank you for completing this form, which will assist in program development and funding.***